

# Provider Review

2015

Volume 14 Issue 2

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### SB 1032

AHCCCS; contractors; prescription monitoring. AHCCCS contractors shall intervene when a member has 10 or more prescriptions for a controlled substance within a 3 month period and are required to monitor prescriptions that are being filled by members and shall intervene with both the prescriber and member when excessive amounts are being used. Requires health plans to intervene if an AHCCCS member has ten or more prescriptions for controlled substances within a three month period. This will include CMDP.

<http://www.azleg.gov/legtext/52leg/1r/bills/sb1032s.htm>

### SB1370

Controlled substances prescription monitoring program. Requires physicians **register** with the Controlled Substance Monitoring Program (CSPMP) by January 1, 2016.

<https://legiscan.com/AZ/text/SB1370/id/1200769/Arizona-2015-SB1370-Chaptered.html>

Provider registration can be done at:

<https://www.azrxreporting.com/newregistration.aspx?Jobid=5>

## Controlled Substances and Potential Drugs of Abuse: Reporting Requirements for CMDP Providers



The abuse of prescription drugs is a serious societal and public health problem in the United States and in Arizona. According to data from Arizona's Controlled Substances Prescription Monitoring Program, there are approximately 10 million Class II-IV prescriptions written and 524 million pills dispensed each year. Prescription pain relievers account for more than half of the drugs dispensed in the state. As the use of these habit-forming drugs grows, so too does the likelihood of adverse outcomes related to misuse and abuse.

Overdose deaths from prescription analgesics increased more than four-fold from 1999 to 2010 in the U.S. The Centers for Disease Control and Prevention (CDC) declared it an epidemic, and Arizona is no exception. Arizona ranked 6th highest in the nation in 2010 for drug overdose deaths and had the 5th highest opioid prescribing rate in the U.S. in 2011.

Relieving pain and reducing suffering must be done in a manner that limits the personal and societal harm from prescription drug misuse and abuse. Arizona created guidelines for the prescription of opiates. These guidelines are intended to help prescribers and patients by reducing the inappropriate use of controlled substances, improving safety, and reducing harm while preserving the vital roles of clinicians and patients in the management of acute and chronic pain.

The Arizona Opioid Prescribing Guidelines are intended to provide general guidance to Arizona prescribers. They are not a substitute for appropriate assessment and professional judgment. The Arizona Opioid Prescribing Guidelines can be found at <http://azcjc.gov/ACJC.Web/Rx/opioid-prescribing-guidelines.pdf>

As an AHCCCS/CMDP provider- you are

1. **Required** to review the State Board of Arizona Controlled Substances Prescription Monitoring Program (CSPMP) for data related to specific members when prescribing controlled substances and other sedating prescriptions
2. **Required** to report any suspicion of drug diversion to the following agencies
  - Arizona State Board of Pharmacy
  - DEA, for reporting theft or loss of controlled substances, at <https://www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp> on the DEA Office of Diversion Control website
  - Local law enforcement and fraud alert networks
  - Office of the Inspector- U.S. Department of Health and Human Services- HHS OIG National Hotline, by calling 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950 or by visiting the website <https://forms.oig.hhs.gov/hotlineoperations/>
  - CMDP or other AHCCCS Health Plan

## Coding Changes

On January 1, 2015, CPT Code 99188 (Application of Fluoride Varnish by a Physician) was added to AHCCCS as a covered and available CPT code. This code will replace the HCPCS Code D1206 previously used for (Topical Application of Fluoride Varnish) in a PCP's office. This coding change will be effective April 1, 2015. Topical Application of Fluoride Varnish by a Dentist will continue to utilize HCPCS Code D1206 when billing for the Application of Fluoride Varnish.



## FQHC's and RHC Have you Heard!

Effective for dates of service on and after April 1<sup>st</sup> 2015, all Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) must utilize the appropriate NPI for the FQHC or RHC as the rendering provider for all claims. Visits must be billed on a CMS 1500 form, 837professional format, ADA form or 837Dental format with the appropriate place of service (11 – Office, 22 – Outpatient, 49 – Independent Clinic, 50 – FQHC, 71 – Public Health or 72-RHC).

The T1015 (Clinic visit/encounter, all-inclusive) procedure code is required to be reported on all claims to designate an FQHC/RHC visit and receive reimbursement. In addition to the T1015 code, claims must include all appropriate covered procedure codes describing the services rendered as part of the visit and will bundle into the visit and valued at \$0.00 for reimbursement purposes. Multiple visits on the same day must be identified with the T1015 code with the modifier 25 to indicate a distinct and separate visit.

The Professional Practitioner (provider) participating in/performing the services must also be reported on all claims. This information is to be reported in Box 19 on the CMS 1500 claim form and Box 35 on the ADA form. Below is an example of the formatting requirements from AHCCCS.

One Participating/Performing Provider - XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –

XXNPIProviderName (last, first 20 characters) 3 blanks XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia

For more information, please see <https://www.azahcccs.gov/commercial/PaymentShift.aspx>.

## Arizona State Immunization Information System (ASIIS)

The Arizona State Immunization Information System (ASIIS) is a registry designed to capture immunization data on individuals within the state. Providers are required, under Arizona Revised Statute (ARS) §36-135, to report all immunizations given to children from birth to 18 years of age to the state's health department. By placing this data into the registry the provider meets this reporting requirement. The registry is a valuable tool for the reporting of immunization information to public health professionals, healthcare providers, parents, guardians and other child care personnel to manage the immunizations of children within the state.

Under Arizona Revised Statute (ARS) §36-135 and Arizona Administrative Code (AAC) R9-6-706 and 707, children "birth to 18" years of age are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administering immunizations to children must report those immunization to the registry.

### Registry Goals

- To have recorded 100% of the vaccinations provided to children within the State.
- To provide all registered ASIIS providers with access to data stored in the registry, allowing them to check the registry for current and historical patient immunization records.
- To maintain the confidentiality of all patient information received in the registry.
- To ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.
- To provide a means for improved monitoring of immunization levels.

For more information regarding ASIIS go to: <http://www.azdhs.gov/phs/asiis/>

## Diagnostic Dilemma – Symptoms of Youth Trauma or ADHD

The statistics on youth trauma are alarming. Hundreds of thousands of youth are abused annually. The impact of youth trauma often results in very severe behavioral symptoms which can have a profound lifelong impact. At times behaviors that develop as a result of underlying trauma can cause diagnostic confusion and result in inaccurate diagnosis, unnecessary treatment and poor outcomes. It is common for youth who have experienced trauma to present with the following symptoms:

Difficulty concentrating  
Confused behavior  
Emotional numbing/dissociation  
Severe impulsivity

Reactivity to reminders/cues of trauma  
Reactivity to environmental stressors/triggers  
Loss of interest in activities including schoolwork  
Sleep difficulties

These symptoms may result in significant school problems and even school failure and as a result often get brought to the attention of primary care physicians and other medical professionals. The symptoms that result from underlying trauma often present in a very similar fashion to the core symptoms of Attention Deficit Hyperactivity Disorder (ADHD) including:

- Hyperactivity
- Inattention
- Impulsivity

If a youth presents with any of the symptoms listed above it is essential to get a comprehensive history which includes assessment of trauma, onset of behavioral symptoms, and a mental status examination. This will help clarify etiology of behaviors and will result in more accurate diagnosis and effective treatment. For youth who have a history of trauma comprehensive treatment is essential and usually requires psychosocial interventions. In order to receive comprehensive behavioral health treatment if a CMDP youth presents with these behaviors a referral to one of the following agencies should always be strongly considered: The Regional Behavioral Health Authority (RBHA), Children's Rehabilitative Service's (CRS) for youth already enrolled in CRS, or CMDP for N-T19 eligible youth. In addition, the Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) has implemented Prior Authorization Guidelines for ADHD Medications in Children Under 6 Years of Age that require use of psychosocial interventions prior to initiation of medication. If you have any questions about how to access behavioral health services please contact the Department of Child Safety Behavioral Health Unit (BHU) at [dcsbhunit@azdes.gov](mailto:dcsbhunit@azdes.gov) or CMDP at (602)351-2245 and request to be connected to the BHU.

## Dental Provider Treatment Request

The CMDP Dental Matrix offers a complete and efficient reference for dental providers in the claims submission process. Routinely referencing the Matrix will assist in avoiding many claim processing issues and delays. If a dental treatment service requires a prior authorization, it will be stated in the COVERAGE CATEGORY column of the Matrix and indicates a PA. A request for specific documentation will be indicated in the adjacent column. Generally, CMDP will require diagnostic dental x-rays, a member periodontal chart and narrative statement. The narrative statement will provide clarification that supports the medical need for the specific dental service.

Dental services frequently requested requiring Prior Authorization (PA) would include: Porcelain crowns (D2750) (D2751) (D2752); Periodontal scaling & root planing (D4341) (D4342); Oral surgery extractions (D7210) (D7220) (D7230) (D7240); Comprehensive orthodontics (D8070) (D8080) (D8090); General anesthesia (D9220); IV conscious sedation (9241).

An additional note, AHCCCS dental policy has changed regarding the 0 – 4 years age restrictions and dental restorations for the anterior teeth. This change now eliminates the age barrier for restoring the anterior primary teeth.

CMDP requires a current American Dental Association (ADA) Dental Claim Form when submitting for all treatment services. The CMDP Dental Benefit Matrix is a complete and quick reference tool for provider reference in the claims process. The Matrix can be accessed online at <https://dcs.az.gov/cmdp/providers> under CMDP Providers and Dental Information.

## Updates on Water Fluoride Recommendations

The Federal authorities have adjusted the recommended amount of fluoride in drinking water for the first time in more than 50 years. The U.S. Department of Health and Human Services (HHS) now is calling for 0.7 milligrams per liter of water instead of a range of 0.7 to 1.2 milligrams. The change was initiated by the greater availability of fluoride as well as more uniform water consumption across the country. Authorities said the new recommended level will help protect teeth while also remaining low enough to limit the risk of slight discoloration of children's teeth.

The American Academy of Pediatrics supports the new HHS recommendation. Community water fluoridation has been named one of the 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC). Nearly 75 percent of Americans using public water receive fluoride this way. In addition to drinking and cooking with tap water, families should be encouraged to eat healthy food and keep up with preventive dental care and good oral hygiene. Dentists and pediatricians can guide families on getting the right amount of fluoride through water, toothpaste and other sources.

### Resources

- HHS full report on water fluoridation, [http://www.publichealthreports.org/documents/PHS\\_2015\\_Fluoride\\_Guidelines.pdf](http://www.publichealthreports.org/documents/PHS_2015_Fluoride_Guidelines.pdf)
- AAP Campaign for Dental Health, [www.ilikemyteeth.org](http://www.ilikemyteeth.org)
- CDC fluoride facts, [www.cdc.gov/fluoridation/](http://www.cdc.gov/fluoridation/)





## Update on Blood Lead Levels in Children

- Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children's levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.
- Until recently, children were identified as having a blood lead "level of concern" if the test result is 10 or more micrograms per deciliter of lead in blood. CDC is no longer using the term "level of concern" and is instead using the reference value to identify children who have been exposed to lead and who require case management.
- In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child's future exposure to lead.
- What has *not changed* is the recommendation for when medical treatment is advised for children with high blood lead exposure levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 micrograms per deciliter.
- Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid.

### References:

[http://www.cdc.gov/nceh/lead/ACCLPP/blood\\_lead\\_levels.htm](http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm)

### Reminder for all providers:

Elevated blood lead levels, 10 or more micrograms per deciliter, are reportable to the Arizona Department of Health Services.

## Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.



## Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

# Electronic Cigarettes Gaining in Popularity Among Teens

## *Survey data also show many adolescents use more than one tobacco product*

Carla Kemp, From American Academy of Pediatrics

Teens no longer smoke just cigarettes. They have branched out to using alternative tobacco products such as electronic cigarettes, hookahs and little cigars. In fact, e-cigarette use is rising rapidly among both cigarette smokers and nonsmokers, according to a study to be presented Sunday, April 26 at the Pediatric Academic Societies (PAS) annual meeting in San Diego.

“Electronic cigarettes are of great concern. They are highly addictive nicotine delivery devices, and the vapor can and does cause harm to lungs,” said principal investigator Jonathan D. Klein, M.D., M.P.H., FAAP, director of the AAP Julius B. Richmond Center of Excellence and associate executive director of the Academy.

Data for the national study were collected from 142 pediatric practices participating in a randomized, controlled trial to improve the quality of services to help teens stop smoking. The practices were part of the AAP Pediatric Research in Office Settings Network. Youths ages 14 and older who went to one of the practices for a checkup or a non-urgent sick visit in 2012-’14 were recruited to fill out a survey about their tobacco use. The questionnaire asked whether they had ever used cigarettes, e-cigarettes, hookahs, chewing tobacco or small cigars/cigarillos. Data from 10,405 teens were analyzed to identify trends in use.

Results showed traditional cigarettes were the most common tobacco product used by adolescents (22% of teens), followed by hookah (13%) and electronic cigarettes (10%).

E-cigarette use rose from 8% of teens in 2012 to 11% in 2014. Use of electronic cigarettes was especially high among those who also smoked traditional cigarettes (56% in 2014).

Hookah use was 9% to 10% for nonsmokers in each year, and fell among smokers from 62% in 2012 to 47% in 2014.

Rates of chewing tobacco and small cigar/cigarillo use did not change significantly over time.

“Adolescent use of alternative tobacco products is problematic among current smokers, as it may prolong or worsen nicotine addiction,” Dr. Klein said. “It is also problematic among nonsmokers, as it may serve as a gateway to further tobacco use and nicotine addiction.”

Gender and age group differences were found in the use of all four alternative tobacco products:

- E-cigarettes were used more by older youths than younger teens, and more by males than females.
- Hookah use was more prevalent among older youths. In 2014, nonsmoking females reported higher use than males.
- Chewing tobacco use was higher in older teens and males.
- Little cigars/cigarillos were used more by older adolescents and males.

“Our study shows that e-cigarette use is increasing rapidly, and this should be a wake-up call for regulating these devices along with all other tobacco products,” Dr. Klein said. “In addition, tobacco screening, which should be performed at every clinical visit, needs to evolve to include questions about e-cigarettes and other alternative products.”

To view the study abstract, “Trends in Youth Use of E-Cigarettes and Alternative Tobacco Products,” go to [http://www.abstracts2view.com/pas/view.php?nu=PAS15L1\\_2165.6](http://www.abstracts2view.com/pas/view.php?nu=PAS15L1_2165.6).

# How to Deal With Diversity in the Healthcare Workplace

by Lisa McQuerrey, Demand Media



Health care environments attract a diversity of caregivers and patients. Being able to work effectively with colleagues of different backgrounds, as well as deal appropriately and competently with patients from all walks of life, will help you be a valued health care provider. Part of dealing with diversity in this type of workplace includes developing a sense of tolerance, respect and understanding for the differences in others.

## Step 1

Recognize that people from different backgrounds often have different ways of communicating. This is vital to understanding when exchanging medical information with colleagues or explaining health care issues to patients. Have patience with others who don't speak your language, and make every effort to ensure important information is being accurately conveyed, either through a translator or written instruction.

## Step 2

Understand that people from different religious backgrounds often have religiously-based convictions about delivery of health care services. For example, some religions prohibit blood transfers or organ donation. Show tolerance when dealing with people from different cultures who might have value and belief systems that are different from your own.

## Step 3

Respect the health care choices of others, even if they are not choices you would recommend or select for yourself. Many cultures view Western medicine as overly-aggressive and prefer less invasive approaches to medicine. Take time to fully explain terminology and procedures to people from culturally diverse backgrounds. Listen for concerns and elaborate where necessary to ensure a patient and his family understand the medical issue at hand as well as options for treatment. After you explain options to a patient, gracefully accept her decision without intervention.

## Tips

If you regularly work with patients or colleagues from a particular ethnicity, take the time to learn basic elements of the language as well as educate yourself about preferences, cultural norms and communication differences.

If you are in a management or decision-making position, strive to create a culturally-diverse workforce that is representative of the demographics of the populations you serve.

Encourage and participate in diversity workshops and training opportunities that recognize and celebrate the differences in people. These professional enrichment opportunities can help you learn valuable and interesting information about the people you work with and the clients you serve.

## Warning

Use caution in making assumptions about others based strictly on cultural stereotypes. You run the risk of insulting colleagues and patients, and may even cross the line into illegal discrimination. Follow established practice protocol in your professional approach with an eye toward making exceptions when necessary to account for diversity needs.

## About the Author

Lisa McQuerrey has been a business writer since 1987. In 1994, she launched a full-service marketing and communications firm. McQuerrey's work has garnered awards from the U.S. Small Business Administration, the International Association of Business Communicators and the Associated Press. She is also the author of several nonfiction trade publications, and, in 2012, had her first young-adult novel published by Glass Page

<http://work.chron.com/deal-diversity-healthcare-workplace-17191.html>





### Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents.

[www.azahcccs.gov](http://www.azahcccs.gov)

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.

<http://www.uhcccommunityplan.com/>

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

<http://www.cdc.gov/vaccines/programs/vfc/index.html>

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.

[www.ecbt.org](http://www.ecbt.org)

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.

[www.whyyimmunize.org](http://www.whyyimmunize.org)

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

[www.aap.org](http://www.aap.org)

## Comprehensive Medical and Dental Program "Serving Arizona's Children in Foster Care"

(602) 351-2245

800 201-1795

<https://dcs.az.gov/cmdp>

### Department Fax Numbers

Claims	(602) 265-2297
Provider Services	(602) 264-3801
Behavioral Services	(602) 351-8529
Medical Services	(602) 351-8529

### Department Email Addresses

Claims	<a href="mailto:CMDPClaimsStatus@azdes.gov">CMDPClaimsStatus@azdes.gov</a>
Provider Services	<a href="mailto:CMDPProviderServices@azdes.gov">CMDPProviderServices@azdes.gov</a>
Behavioral Services	<a href="mailto:CMDPBHC@azdes.gov">CMDPBHC@azdes.gov</a>
Member Services	<a href="mailto:CMDPMemberServices@azdes.gov">CMDPMemberServices@azdes.gov</a>



## *Arizona Department of Child Safety*

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.